

# Michigan Child Care Matters

MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES  
Bureau of Family Services  
Division of Training & Consultation



HEALTH & SAFETY

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## From the Director

*I'd like to share with all providers an article written by Kristen McDonald-Stone, of Michigan Head Start, on the new child care center rule that went into effect on September 1, 2003:*



"Responding to a call for action from Governor Granholm, child care providers, children's advocates and policy specialists met to incorporate the Administration's emphasis on early literacy into the Child Day Care Licensing standards.

The new rule went into effect on September 1, 2003. It requires that child care centers implement a developmentally appropriate curriculum that includes not less than 30 minutes of emergent literacy activities per day. While most centers are already fully involved in literacy-focused programs, the new rule establishes it as a priority for child care across Michigan.

Although reading is important, literacy activities encompass much more than that. Child care programs can fulfill this requirement by labeling their furniture and supplies with both pictures and words, prompting children to match the object to its written name. Diversified books may be attractively displayed, varied often, and used by children independently, with peers, or with a caring adult. Prominently exhibiting written fingerplays, songs, and rhymes, encourages children to "read" the written words they recite. Alphabet blocks, magnetic letters, and environmental (advertising) print can all be connected to words, objects, or places in our daily lives. Pocket charts with labels and pictures of food can be changed with each meal experience.

The rule also requires centers to post a daily lesson plan guide related to their literacy activities in order to encourage parent involvement in the reading process. Centers may coordinate literacy activities with homework supplied to parents. Parent support has long been established as the key to successful pre-reading and reading accomplishment.

Providers will have access to many training

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opportunities including potential partnerships with other area child development programs with existing literacy training. Child Day Care licensing consultants have received literacy training and monitoring guidance in partnership with the Michigan Department of Education.

This new rule marks the beginning of a new philosophy, emphasizing the importance of early childhood education and care in collaboration with parents and service providers. As the education of very young children is established as a priority within state government, the quality of learning experiences offered will better prepare youngsters for successful public school entrance.



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This publication provides topical information regarding young children who are cared for in licensed child care settings. We encourage child care providers to make this publication available to parents of children in care, or to provide them with the web address so they may receive their own copy. Issue 43 and beyond are available on the internet. **This document is in the public domain and we encourage reprinting.**

### EDITORIAL STAFF

LaTonya Gary  
Licensing Consultant

Judy Gaspar  
Licensing Consultant

Ann Hill  
Licensing Consultant

Judy Miller  
Licensing Consultant

Sandy Rademacher  
Licensing Consultant

Elaine Rauch  
Licensing Consultant

Sharon Schleicher  
Licensing Consultant

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Licensing Consultant

Janice Tribble  
Area Manager

Kathi Pioszak  
Child Development &  
Care, FIA

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Division of Training &  
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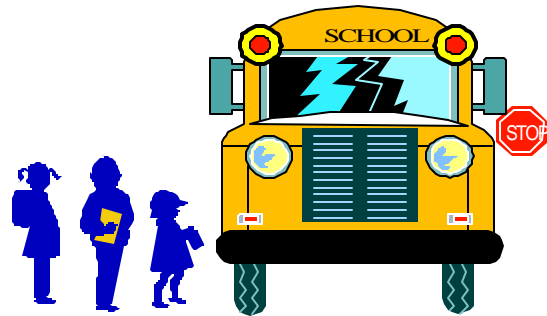
## A Child Care Provider's Supervision Nightmare, Otherwise Known as – The Bus Stop

*Elaine Rauch, Licensing Consultant  
Genesee County*

The transition of getting children on and off school buses is an ongoing challenge for childcare providers. In rural areas, the child care home may be located some distance from the street where the children are picked up and dropped off. In more urban settings, the bus stop may be located down the street, not out in front of the provider's home. Either setting can become a provider's supervision nightmare.

Waiting for the bus can be a very hazardous time. The children often wait close to the street and may be tempted to rough house or run around while they wait. This can create a dangerous situation if adequate supervision is not provided.

Over the years the Department has received several complaints regarding the supervision of children while they are getting on or off the bus. The complaints are often based on the fact that the provider is not in close enough proximity to properly supervise the children. For providers this creates a unique challenge. Not only do you need to supervise the children at the bus stop, you must also supervise the children still at home. You must maintain compliance with the adult/child ratio.



### How do you supervise them all?

Some options include:

- ◆ Make arrangements with the bus driver to let you send the children to the bus once it has actually arrived at the stop.
- ◆ Bundle all the children up to escort the children to and from the bus stop and stay with them until the bus arrives.
- ◆ Arrange to have an assistant come in during these transition times, either staying with the children at the home or escorting the children to the bus.

The bottom line is that you are responsible for the children in your care until their little feet hit the steps of the bus and again when their feet hit the ground upon leaving the bus. There is no easy answer to this problem, and, with the start of the school year, the challenge begins again.

Good Luck and Good Supervision. ❖

## Take Good Care of Yourself

Marilyn Lopes, Extension Specialist - Family Life Education  
Cape Cod Extension, University of Massachusetts

What do you need to help you be physically and emotionally prepared to meet the challenges of each day? A good night's sleep, a massage, a new hair style, to read a novel, or relax in a bubble bath? Do you usually ignore these needs?

Caregivers often put everyone else's needs first, leaving little time for themselves. This pattern can lead to feelings of exhaustion, frustration, and resentment.

Including yourself on the list of people you care for so well benefits everyone. When you're in a positive frame of mind, it is easier to give to those around you. Researchers have found that when mothers feel good about themselves, their children are more satisfied with life.

Most of our needs can be met with a small investment of time and a few lifestyle changes. Start with a daily self-diagnosis. Ask yourself "How do I feel?" "What do I need?" If you're feeling too numb to know what you need, you might want to try the following:

- ◆ To not hurry
- ◆ To feel attractive
- ◆ To feel competent
- ◆ To take a break from caregiving
- ◆ To relax
- ◆ To catch up with world events
- ◆ To feel loved
- ◆ To feel rested



Ask yourself "What can I do today to please myself?"

- ◆ Get up a few minutes earlier to have a quiet breakfast
- ◆ Start an exercise routine
- ◆ Wear a color that makes you look good
- ◆ Visit the cosmetic counter of a local store
- ◆ Surround yourself with positive people
- ◆ Play a game you enjoy
- ◆ Plant some flowers
- ◆ Ask for a hug when you need one
- ◆ Call a friend
- ◆ Visit a neighbor
- ◆ Read the newspaper
- ◆ Have a nutritious snack
- ◆ Take a walk
- ◆ Listen to a favorite tape
- ◆ Make a list of the things you accomplished today

Starting today, include pleasurable activities in your life. You'll see a positive difference in your ability to deal with the stresses of being a caregiver. ❖

# Health Care Services Plan

*Ann Hill, Licensing Consultant  
Ingham County*

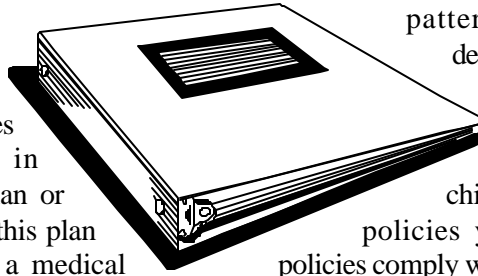
Rule 5207, Health Care Services, requires that a center serving children less than 2 ½ years of age implement a health care services plan that has been developed in conjunction with a licensed physician or registered nurse. You can develop this plan yourself and have it approved by a medical resource person, or you could select a committee of parents, staff, and a medical resource person to help you.

This plan should include health practices and policies, health resources and plans for staff training.

## Health Practices and Policies

Basic issues to be covered under this heading include:

1. Hand washing procedures for children and staff.
2. Diapering procedures: Designated diapering area; method of sanitizing; disposal and storage of diapers.
3. Methods of sanitizing bottles and nipples, if applicable.
4. Proper labeling, storage and disposal of formula, milk and foods.
5. Maintenance of sleeping equipment (beds, cots, blankets, sheets, pillows) in a sanitary manner.
6. Procedures for cleaning and sanitizing equipment, toys and other surfaces.
7. Plan for observation of general health of children, including recognition of disease symptoms, unknown rashes, and developmental deficiencies.
8. Policies regarding what symptoms indicate the child should remain at home (fever, diarrhea, vomiting, etc.) and when the sick child can return to the center.
9. Plan for handling minor injuries such as bumps, bruises or minor cuts.
10. Plan for handling serious accidents or injuries.
11. Procedures for obtaining and maintaining updated physicals and immunizations.
12. Plan for giving medications and storage of medications.
13. Plan for reporting suspected child abuse or neglect.
14. Continuing record keeping of food intake, sleeping



patterns, bowel movements, and developmental milestones for children up to 12 months of age.

It is important to review all child care center rules relating to the policies you create to make sure your policies comply with the specific rule related to each policy.

## Health Resources

Resources in each community are available to assist centers with information and training. These resources might include speakers, written materials, videos and training from the local colleges/universities, hospitals, medical professionals, the local health department and the Red Cross.

Keep parents informed by setting up a parent center that includes health information and a list of available resources in the community.

Ongoing consultation can be established by setting up an agreement with a local licensed physician or registered nurse. There may be a resource person among your parents.

## Staff Training

Initial orientation of new staff and posting health practices, policies and procedures is essential. Ongoing staff training can be done in naptime workshops or other sessions utilizing training services of the Red Cross, the local health department, or other community health resources.

Training should cover the following topics:

- ◆ Symptoms of common childhood diseases.
- ◆ First aid for common injuries.
- ◆ Sanitization procedures, especially for diapering and food preparation.
- ◆ Administering medications and keeping accurate records.
- ◆ Recognizing signs of child abuse and neglect.

Planning ahead will make your child care setting a safer, healthier place for young children. ❖

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## “Teacher! Who’s That Man?”

Mary Pat Jennings, Licensing Consultant, Mt. Pleasant  
Patricia Hogg, Administrative Assistant



*“I want some money, I’m hungry!” said the big scruffy man who walked into our preschool class. My assistant and I were alone in the building with 18 children and his unexpected presence and demeanor made us a bit nervous. We offered to share our snack with him but he said, “No! I want money!” We did not want to be rude or unsympathetic, but we also had to consider the safety of the children in our care.*

This situation could occur in any facility, but preschools and child care centers that use space in churches may experience it more often. The ministry of many religious organizations includes providing aid for the needy and homeless, so occasional visitors in need of help may turn up. However, there is always the possibility that a person could be dangerous or disruptive enough to frighten the children (let alone the adults).

We had all the required emergency plans for fire, tornado, accidents and injuries, but we had never thought about this type of situation! **We needed to have a plan!**

First, it was necessary to contact the church administration to find who we could call when someone came into the building requesting help. These contact people and their phone numbers needed to be added to the emergency telephone list. We asked the church to consider whether their staff could coordinate their work schedules with day care hours so that there would be another person on site. Would it be possible to lock the building during child care hours and, if not, could a

door alarm system be installed? Could law enforcement officials be informed that a child care program was housed in the building and could officers drive by the premises on their daily rounds?

It was also important to designate staff duties as we had in other emergency plans. Who would stay with the children and, if necessary, take them to a safe place? Who would talk with unexpected visitors? Who would make phone calls? Under what circumstances should law enforcement be called?

If you have an unexpected visitor to your program:

- ◆ Assess the situation each time there is an unexpected visitor.
- ◆ Remain calm, do not assume anything.
- ◆ Present yourself as someone who is calm, assured, knowledgeable, and helpful to assist in keeping the situation under control.
- ◆ Follow your plan!

Unexpected intrusions into a child care program are frightening. Have a plan; train your staff; know your contact people and their phone numbers; keep the children in their regular routine; and have a good idea of what you will say to the intruder. **Being prepared will help you to handle the situation with confidence and authority.** ❖



# Raising Children to Resist Violence: What You Can Do

*A collaborative project of the American Psychological Association  
and the American Academy of Pediatrics*

Research has shown that violent or aggressive behavior is often learned early in life. However, parents, family members, and others who care for children can help them learn to deal with emotions without using violence. Parents and others can also take steps to reduce or minimize violence.

## Suggestions for Dealing With Children

### ➤ Give your children consistent love and attention

Every child needs a strong, loving, relationship with a parent or other adult to feel safe and secure and to develop a sense of trust. Without a steady bond to a caring adult, a child is at risk for becoming hostile, difficult, and hard to manage. Behavior problems and delinquency are less likely to develop in children whose parents are involved in their lives, especially at an early age.



### ➤ Show your children appropriate behaviors by the way you act

Children often learn by example. The behavior, values, and attitudes of parents and siblings have a strong influence on children. Values of respect, honesty, and pride in your family and heritage can be important sources of strength for children, especially if they are confronted with negative peer pressure, live in a violent neighborhood, or attend a rough school.

Most children sometimes act aggressively and may hit another person. Be firm with your children about the possible dangers of violent behavior. Remember also to praise your children when they solve problems constructively without violence. Children are more likely to repeat good behaviors when they are rewarded with attention and praise.

You can teach your children nonaggressive ways to solve problems by:

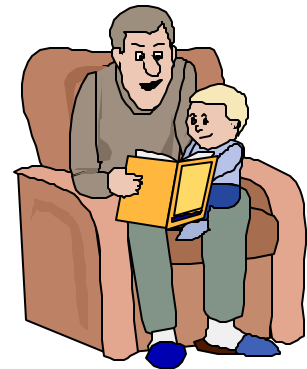
- ◆ Discussing problems with them,
- ◆ Asking them to consider what might happen if they use violence to solve problems, and

- ◆ Talking about what might happen if they solve problems without violence.

This kind of 'thinking out loud' together will help children see that violence is not a helpful solution.

Parents sometimes encourage aggressive behavior without knowing it. For example, some parents think it is good for a boy to learn to fight. Teach your children that it is better to settle arguments with calm words, not fists, threats, or weapons.

Help your children learn constructive, nonviolent ways to enjoy their free time. Teach them your favorite games, hobbies, or sports, and help them develop their own talents and skills. Read stories to younger children, take older children to the library, or tell family stories about admired relatives who have made the world a better place.



### ➤ Be consistent about rules and discipline

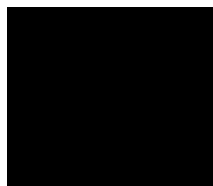
When you make a rule, stick to it. Children need structure with clear expectations for their behavior. Setting rules and then not enforcing them is confusing and sets up children to 'see what they can get away with.'

Parents should involve children in setting rules whenever possible. Explain to your children what you expect, and the consequences for not following the rules. This will help them learn to behave in ways that are good for them and for those around them.

### ➤ Try to keep your children from seeing too much violence in the media

Seeing a lot of violence on television, in the movies, and in video games can lead children to behave aggressively. As a parent, you can control the amount of violence your children see in the media. Here are some ideas:

- ◆ Limit television viewing time to 1 to 2 hours a day.
- ◆ Make sure you know what TV shows your children watch, which movies they see, and what kinds of video games they play.



- ◆ Talk to your children about the violence that they see on TV shows, in the movies, and in video games. Help them understand how painful it would be in real life and the serious consequences for violent behaviors.
- ◆ Discuss with them ways to solve problems without violence.

➤ **Teach your children ways to avoid becoming victims of violence**

It is important that you and your children learn to take precautions against becoming the victims of a violent crime. Here are some important steps that you can take to keep yourself and your children safe:

- ◆ Teach your children safe routes for walking in your neighborhood
- ◆ Encourage them to walk with a friend at all times and only in well-lighted, busy areas.
- ◆ Stress how important it is for them to report any crimes or suspicious activities they see to you, a teacher, another trustworthy adult, or the police. Show them how to call 911 or the emergency service in your area.
- ◆ Make sure they know what to do if anyone tries to hurt them: Say 'no,' run away, and tell a reliable adult.
- ◆ Stress the dangers of talking to strangers. Tell them never to open the door to or go anywhere with someone they don't know and trust.

that criticizing people because they are different is hurtful, and that name-calling is unacceptable. Make sure they understand that using words to start or encourage violence — or to quietly accept violent behavior — is harmful. Warn your child that bullying and threats can be a set-up for violence. ❖

**“Too often we  
underestimate the  
power of a touch, a  
smile, a kind word, a  
listening ear, an  
honest compliment, or  
the smallest act of  
caring, all of which  
have the potential to  
turn a life around.”**

Leo Buscaglia, author



➤ **Help your children stand up against violence**

Support your children in standing up against violence. Teach them to respond with calm but firm words when others insult, threaten, or hit another person. Help them understand that it takes more courage and leadership to resist violence than to go along with it.

Help your children accept and get along with others from various racial and ethnic backgrounds. Teach them

# The Elements of Proactive Discipline

*Michelle Salcedo, Parent Education Liaison,  
Leaps and Bounds Child/Parent Center  
Poverty and Social Reform Institute*

When caregivers are faced with behavioral challenges, too many focus on using discipline techniques to punish or “fix” children. One of the most important things to remember about discipline is that the goals should be to help children succeed and ultimately learn self-discipline. With these goals in mind, many behavior problems can be approached from a proactive perspective and can be avoided before they happen.

Proactive discipline includes three important elements: realistic expectations, setting up the environment for success, and establishing clear and consistent boundaries. As behavior problems present, teachers should take a step back and look at each of these elements to try to solve the problem in a way that stops the behavior, yet works towards the previously defined goals. By looking at each element of proactive discipline separately, a teacher can find ways to stop problem behaviors while supporting a child’s growth and development. Each of these elements is important in a system of proactive discipline.

Group time is a time of day when many teachers report behavioral challenges. For illustration purposes, I will explain each of the elements of proactive discipline, and how they may relate to group time challenges.

**Realistic expectations** include both age appropriate expectations and expectations that are child specific. If group time has become a battle to get children to sit and listen, a teacher should look at what is being asked of children and whether these expectations are appropriate. Are the group experiences too long? Are children being asked to sit passively instead of being actively involved? Are group times based on children’s interests, or what the teacher thinks they need to be taught? All of these questions will help the teacher design a group time that is engaging



and realistic for the children in the group.

A teacher can also look at how to design expectations that are realistic for individual children. Perhaps a child who has the urge to poke and prod other children can be given a ball of clay to squeeze during group. It may not be realistic to expect that all children benefit from a particular group experience. Plan alternative activities for those who choose not to participate. By creating realistic expectations instead of imposing a system of rules, the teacher can give each child an opportunity to be successful in a classroom setting.



To **set up your environment for success** involves removing items that may cause distractions and adding elements that foster positive behaviors. This is something that most teachers do naturally, but at times they may need to take a fresh look at a situation and decide if there is something that can be removed or added that will end a problem behavior, thus lessening stress on the children and the teacher. If children are having problems with the carpet squares, take them out, even if you have always used them. Or tape them to the floor, or add a picture that demonstrates what should happen with carpet squares. All of these things make a disruptive behavior disappear without targeting the children.

The final element in proactive discipline is to have **clear and consistent boundaries**. Children need to know what adults expect of them. They need to hear these expectations often and even see visual reminders

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of them. Caregivers need to remind children of rules before they enter into a situation or move to the next activity. Consistency is a key point in supporting children's positive behaviors. If a teacher allows a certain behavior one day, and is upset with it the following day, children will not know what is expected, and they are set up for failure. To be consistent, all caregivers need to agree on classroom boundaries. These boundaries need to be communicated to the children, and then enforced consistently to create a fair and just environment in which children feel safe to explore and learn.

Of course, proactive discipline will not solve all behavior problems. At times misbehaviors cannot be avoided or anticipated. These consequences occur either as a direct result of the misbehavior (natural), or are imposed by the teacher as a logical response to the behavior (logical). Allowing for consequences continues the process of moving children along the path towards self-discipline.

Proactive discipline targets the behavior as opposed to the child. By looking at each of these elements, a teacher can create a classroom that is supportive and nurturing to all of the children that enter to learn and grow. ❖

**“We need 4 hugs a day for survival.  
We need 8 hugs a day for maintenance.  
We need 12 hugs a day for growth.”**

Virginia Satir, therapist and author

**“Children need models rather than critics.”**

Joseph Joubert, “Pensees,” 1842

# Sexual Development: What Is Normal and What Is Not

Michele Bowersox, M.S., Assessment Counselor  
Children's Assessment Center, Kent County  
Reprinted from Issue 40, Fall 1995

***Knowing about normal sexual development will help providers handle situations that may arise when children are in their care.***

Childhood sexual development is progressive in nature in that a child's sexual curiosity, experimentation and behavior changes over time. It is also influenced by many factors such as cultural norms, family values, and interpersonal interactions and experiences. Research has shown that certain behaviors are evident at certain stages in a child's development, and these behaviors are generally considered to be consistent with normal childhood sexual development. The following is a summary of behaviors deemed to be "normal" (although not always viewed as appropriate by adults), across three developmental levels.

## **Birth to Age 4**

Researchers who have studied sexual activity in children have determined that all children exhibit sexual behaviors and that childhood sexual behavior tends to peak between the ages of 3 to 5, with overt sexual behavior declining after that peak.

One common sexual experience is the child "discovering" that pleasant sensations occur when certain parts of their body are stimulated. The younger the child, the more likely any repetition of this behavior occurs by accident. As a result of toilet training, children become very interested in "bathroom" functions and ask many questions related to these functions.

By the age of three, most children can imitate observed behavior with a fair amount of detail. Playing "house" or "doctor" is a normal activity, and the amount of detail or type of activity involved in these games is directly related to what the child has observed. For example, many children will arrange situations in which the mom and dad kiss, lay in bed together, make babies and have arguments. It is highly unlikely that this play will progress beyond what the child has experienced directly or through observation.

Occasionally, young children will discover that they can insert objects into various parts of their body. However, most children stop this behavior once they discover that it causes discomfort or pain. If a child continues this type of behavior, further evaluation may be appropriate.

By age 4, as a result of natural curiosity and through using play as their primary mode of learning, children in this group become interested in role playing games that involve undressing and sexual exploration. They may start to use slang words for body parts with or without understanding the correct meaning of these words.

## **Ages 5 to 8**

For children of these ages their sexual behavior tends to become more inhibited and less spontaneous. At the same time, children in this age group are learning about privacy and begin demanding that others respect their privacy as related to their body. Although they continue to observe and ask many questions about human sexuality, they begin to show repulsion of overt sexual behavior and tend to associate more with peers of the same gender. This is the stage where children learn about and delight in telling "dirty jokes" with or without understanding the punch lines. They may continue to play house and doctor. As children reach age 7 to 8 they may become interested in "dating" behaviors such as holding hands and kissing.

## **Ages 9 to 12**

Children in this age group continue to experience increased peer contact as well as increased experimentation with sexual behaviors. They may alternate between periods of inhibited and uninhibited sexual behavior. Children in this age group will continue to touch themselves and may begin to touch other like-minded children in a sexual way. This is the time when children begin experiencing physiological changes that result in an increased interest in sexual activity.



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Although the above descriptions of sexual behavior by children has been determined by researchers to be “normal”, it is not always deemed appropriate by caregivers who would like to discourage or stop the behavior. Often, if the caregiver provides supportive instruction and guidance to children in a “matter of fact” tone, the children develop healthy attitudes about their own sexuality and inappropriate sexual behavior stops.

*How do we distinguish between “age-appropriate” behavior that requires adult structure and guidance and “problematic” behaviors that may require further assessment and possibly, professional intervention? Researchers have identified several variables or issues to consider when determining whether or not a particular behavior is problematic.*

### Age Difference

Generally, if the age difference between children engaged in sexual contact is three years or greater, the situation warrants exploration. The most obvious concerns arise when adolescents initiate sexual contact with school-age or preschool-age children. But contact between a 7 year old and a 3 year old is also an area of concern due to the difference in the cognitive and emotional development associated with these ages.

### Size Difference

As children mature physically at highly individualized rates, sometimes children who are in the same age, are not equal in their physical size, and sex “play” initiated by the larger child may be troublesome to the smaller child. For example, the smaller child may feel intimidated or bullied into participating in the activity.

### Difference in Status

The difference in perceived status between children engaging in sexual contact is another factor that needs to be assessed. For example, older siblings or babysitters often are granted temporary authority over younger children and may influence the younger child’s ability to make appropriate choices by using threats or coercion, or even simply modeling inappropriate behavior.

### Type of Sexual Activity

Sexual behavior that is advanced for the child’s development and beyond what is considered “normal”

warrants exploration. Although there may be many reasons for sexual activity beyond that associated with the child’s age, the activity may be problematic.



### Type of Interaction

This issue is similar to status difference but relates to situations in which one child is able to exhibit some kind of force, threat, bribery, or coercion over the other, regardless of each child’s status. For example, if all other variables are equal but one child feels forced into participating in the activity, the behavior by the other child is considered problematic. In these cases, the interaction is not mutually agreed upon.

### Affect/Dynamics

Children who engage in age-appropriate, exploratory sex play usually display joy, laughter, or even embarrassment. The activity is usually spontaneous and may be inhibited or uninhibited. Problematic behaviors involve feelings such as anxiety, hostility, aggression and tension. The activity is not spontaneous and the behavior does not decrease with parental guidance or distractions.

The above variables need to be considered when assessing any one particular incident of child to child sexual contact. ❖

(This article was excerpted from two articles written by Michele Bowersox, that were based on information she adapted with permission from: Gil, Eliana, Ph.D., and Cavanagh Johnson, Toni Ph.D. (1993) *Sexualized Children: Assessment and Treatment of Children and Children Who Molest*, Launch Press.)

## LICENSING UPDATE

### Child Custody Conflicts

With the high incidence of divorce and child custody conflicts in our society, it is very likely that you, as a child care provider, will come in contact with child custody situations when they occur. All staff should be trained in whatever procedure you select to use. You may consider using the following procedure and including it in your parent handbook. This is not a Department requirement, however, it is encouraged.

The following suggestions may be helpful as you deal with child custody situations:

1. **ALWAYS** maintain your role as the **CHILD'S** advocate.
2. Limit your discussion with either parent to the child and any effects that the conflict may be having on him/her.
3. Until custody has been established by a court, one parent **may not limit** the other from picking the child up from your care. The child information card that the enrolling parent signs states "persons **other** than parent..." It is not within your legal right to withhold a child from a parent, unless there has been court action which limits one parent's right to the child.
4. Request a **copy of the judge's order** that establishes custody.
5. Do not answer any questions regarding the situation on the phone. No matter how the caller identifies him/herself, you must ask him/her to either make an **appointment** with you and come with sufficient **identification**, or to send his/her **questions, in writing**, on official stationery.
6. If you are approached by the Friend of the Court to fill out a form to be used in the investigation, only fill out those lines that you are comfortable with. It is certainly within your right to say, "I have no opinion on this issue." or "I choose not to answer this question."
7. If either parent wants to discuss his/her position on the custody issue with you when dropping the child off or picking him/her up, **IT IS ESSENTIAL** that you only talk to him/her when the **child is not present**.

Hopefully, this information will provide you with some guidelines in dealing with custody issues. Always remember to maintain your role as an advocate for the child.

*Reference: Cora Visscher, Executive Director of Children's Resource Network*

### Releasing A Child To A Parent In Which The Child Is Clearly In Danger Due To Alcohol Intoxication Or Drug Impairment

As a child care provider, you may occasionally find yourself with a parent who appears to be intoxicated or who is obviously impaired due to drug usage when he or she arrives to pick up the child. The following guidelines represent suggestions for providers as a practical means of protecting children from being placed in serious danger in these situations.

If you are uncomfortable in releasing a child to a parent who appears to be incapacitated due to drug or alcohol use, you may offer to:

1. Keep the child in your care for an extended period of time.
2. Drive the parent and child home.
3. Drive the child either home or to a relative.
4. Call the parent's backup or someone you know who can drive, or a taxi at the parent's expense.

If the parent refuses any of these offers:

5. Tell the parent that you feel it is not safe for the child to ride with him/her at this time and you will notify the police as soon as they leave your home.
6. If he/she drives away from your home with the child, follow through. Call the local law enforcement unit in your area. Tell them why you are concerned for the safety of the child, the general area the driver will be traveling, and a description of the car.

It is important when you talk with the parent that you focus on the child's safety. Stay away from value judgments on the drinking. Look for facts such as, slurred speech, lack of coordination, or other evidence of impairment that cause concern for the safety of the child.

Please note that you have no legal right to keep the child from his/her parent and your only resource, if suggestions 1, 2, 3, and 4 fail, is to involve law enforcement. The goal is to minimize risk to children. You risk alienating the parent, but you may save a child's life.

You are strongly encouraged to address these issues in your parent handbook indicating what your procedure will be when parents intend to transport their child while intoxicated and impaired from the use of alcohol or drugs.

## Resources: Health and Safety

Action Alliance for Children, (510) 444-7136,  
[www.4children.org](http://www.4children.org)

AAP, APHA, NRCHSCC, Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs (2nd ed.), NAEYC Resources, (800) 424-2460,  
[www.naeyc.org](http://www.naeyc.org)

Aronson, S.S. (editor), Healthy Young Children: A Manual for Programs (4th ed.), NAEYC Resources, (800) 424-2460, [www.naeyc.org](http://www.naeyc.org)

Aronson, S., Model Child Care Health Policies (4th ed.), NAEYC Resources, (800) 424-2460,  
[www.naeyc.org](http://www.naeyc.org)

Baldwin, S., Lifesavers: Tips for Success and Sanity for Early Childhood Managers, Redleaf Press (800) 423-8309, [www.redleafpress.org](http://www.redleafpress.org)

Channing-Bete Company, As Boys Grow Up, (800) 628-7733, [www.channing-bete.com](http://www.channing-bete.com)

Channing-Bete Company, As Girls Grow Up, (800) 628-7733, [www.channing-bete.com](http://www.channing-bete.com)

Channing-Bete Company, Loving Discipline for Children Ages 1 Through 5: A Parent's Handbook, (800) 628-7733, [www.channing-bete.com](http://www.channing-bete.com)

Channing-Bete Company, Safe Children: What Every Parent Should Know, (800) 628-7733, [www.channing-bete.com](http://www.channing-bete.com)

Channing-Bete Company, Stress-Don't Let It Get You Down, (800) 628-7733, [www.channing-bete.com](http://www.channing-bete.com)

Chrisman, K., Couchenour, D., Healthy Sexuality Development: A Guide for Early Childhood Educators and Families, NAEYC Resources, (800) 424-2460,  
[www.naeyc.org](http://www.naeyc.org)

Healthy Child Publications, P.O. Box 624, Harbor Springs, MI 49740, (231) 526-6342 & (877) 2586178,  
[www.healthychild.net](http://www.healthychild.net)



Kaiser, B., Rasminsky, J., Challenging Behavior in Young Children: Understanding, Preventing, and Responding Effectively, NAEYC Resources, (800) 424-2460, [www.naeyc.org](http://www.naeyc.org)

Michigan Childcare Health Resources, [www.mi4c.org/childhealthresources](http://www.mi4c.org/childhealthresources)

National Child Care Information Center, a project of the Child Care Bureau, [www.nccic.org](http://www.nccic.org)

National Resource Center for Health and Safety in Child Care, 800-598-KIDS, [www.nrc.uchsc.edu](http://www.nrc.uchsc.edu)

Stoll, B., A to Z Health and Safety in the Child Care Setting, Redleaf Press (800) 423-8309,  
[www.redleafpress.org](http://www.redleafpress.org)

[www.ChildCare.gov](http://www.ChildCare.gov) is a new web site designed to bring all of the Federal agency resources about child care together in one place.





## News From FIA

### Should You Be Concerned About Your Child's Development?

Most parents wonder at times if their child is growing and developing like other children. If you think that your child's growth, learning, or social skills are not the same as those of other children the same age, the sooner you check it out the better.

Call *Early On* Michigan. We'll talk with you and refer you to an *Early On* Coordinator close to your home. Your Coordinator will help you find out if your child qualifies for free or low cost services. Your Coordinator can also give you information on things that you can do to help your baby grow and learn.

We want your baby to have a Great Start in life.

Call us. We're here to help.

Each baby goes through developmental stages. Here are some tips to help you decide if you should ask for help.

#### By 3 Months does your baby...

- roll from side to side?
- play with her hands?
- laugh out loud?
- smile when talked to?
- show interest in faces?

#### By 6 Months does your baby...

- sit up with little support?
- roll over?
- pass things from one hand to the other?
- like to be touched and held?
- listen and respond when spoken to?



#### By 12 Months does your baby...

- stand alone for at least two seconds?
- drink from a cup with help?
- wave good-bye?
- use a few short words like "mama"?
- sleep through the night?
- play games with you like "peek-a-boo"?

#### By 24 Months does your toddler...

- walk and run well?
- ask for things by name?
- use two or three words together?
- handle a spoon well?
- get along with other children?

### EARLY ON: Helping Babies and Toddlers Grow and Learn

The first few years of a baby's life are very important, but babies grow and learn at different rates. If you have questions about how your child is developing, or if you think that your child might need extra help, call *Early On* Michigan.

*Early On* helps families get the help they need for their children. We believe that parents know what is best for their families. At *Early On* we listen to you. You will find friendly, supportive and knowledgeable people who will talk to you about your concerns. Sometimes we will arrange a free evaluation. If the evaluation shows that your child needs help, we'll tell you how to get that help at little or no cost.

Call 1-800-EARLY ON (327-9566) for free information about your child's development and *Early On* services, or visit us on the web at [www.1800EarlyOn.org](http://www.1800EarlyOn.org). We'll help you help your baby.

**1-800-EARLY ON**

**(1-800-327-5966)**



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## Consumer Product Safety Commission

### Infant/Child Product Recalls (not including toys)

- Dorel Juvenile Group Inc. Extended Recall of Infant Car Seats/Carriers
- Babi Italia/LaJobi Industries Recall of Crib Drop-Side Rails
- Starbucks Recall of Children's Cups
- Baby's Dream Furniture Recall of Cribs
- Raymond Oak Inc. Recall of Toy Chests
- The First Years® Inc: New Safety Instructions to Prevent Injuries for Combo Baby Tubs/Step Stools
- Hufco-Delaware Company and Evenflo Company Inc. Recall of Portable Wood Cribs
- Baby Trend Recall to Repair Infant Swings Sold at Toys R Us
- Oriental International Trading Company Recall of Baby Walkers
- Bikepro, Inc. Recall of Baby Walkers
- XL Machine Ltd. Recall of Playskool Toy Chests Sold at Target
- Dorel Juvenile Group Recall of Repair Infant Car Seats/Carriers
- Vermont Precision Woodworks Recall of Cribs
- Fisher-Price Recall for In-Home Repair of Infant Swings
- Childcraft Education Recall of Changing Table with Steps
- L.A. Baby Recall of Folding Little Wood Cribs
- LaJobi Industries Crib Recall
- Evenflo Recall to Repair Home Décor Swing™ Wooden Baby Gates
- Dorel Juvenile Group Cosco Playpen Recall
- Kolcraft LiteSport Stroller Recall
- Fisher-Price Recall of Portable Bassinets
- Peg Perego USA Recall of High Chairs
- Century Recall of Multi-Use Strollers
- Changing Tables Recalled by Child Craft Industries
- Highchairs Recalled by Graco
- Cribs Recall/Repair by Simmons
- "Ranger" Strollers Recalled by Kolcraft
- Century Infant Car Seat/Carrier Recall
- "Le Cradle" Bassinets Recalled by Kids Line
- Baby Walkers Recalled by Safety 1st
- Gerry® TrailTech™ Backpack Baby Carriers Recalled by Hufco-Delaware
- Tot Wheels® Entertainer® Infant Walkers Recalled by Graco
- Graco Recall of Infant Swings
- Infant Carriers Recalled by Evenflo & Hufco-Delaware
- Crate & Barrel Recall of Children's Table
- Cosco Recall of Two Ways™ Tandem Strollers
- Regal + Lager Recall of "Baby Bjorn" Infant Carrier
- BRK Recall of First Alert True Fit Safety Gates
- Century Recall of Fold-N-Go® Care Centers
- NHTSA Recall of Evenflo On My Way Infant Car Seats/Carriers
- Graco Recall of Carriers and Carrier/Swing Seats
- MTS Products Recall of Infant Carriers
- BRK Recall of First Alert® True Fit Safety Gate
- Century Recall of Lil' Napper Infant Swings
- Coaster Company of America Recall of Baby Cribs
- Cosco Recall to Repair Quiet Time™ Infant Swings
- Little Tikes Cozy Highback Swing Recall
- Baby Trend Crib/Playpen Recall
- Gerry Recalls Some "Good Vibes" Infant Carriers
- The Little Tikes Company Recalls Little Tikes Crib Center Due To Lead Paint Hazard
- Century Products Recalls Wind-Up Infant Swings
- Childcraft Cribs With Loose Slats Recalled
- Three Baby Strollers Recalled By McCrory
- E-Z Go Strollers Recalled By Century
- Baby Cribs Recall by HBLA
- Infant Walkers Recalled by McCrory
- Li'l Steeler Strollers Recalled by Hedstrom
- Infant "Crib Cuddle" Recalled by Century & Product Source
- Infant Seat/Carriers Recalled by Pines
- Baby Back Carriers Recalled by Gerico
- Cribs Recalled by Questor
- Baby Car Seat/Stroller Recalled by Collier Keyworth
- High Chair Recalled by Century

**Details on these product recalls may be obtained on the  
Consumer Product Safety Commission's website:  
[www.cpsc.gov/cpscpub/prerel/category/child.html](http://www.cpsc.gov/cpscpub/prerel/category/child.html)**

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## Professional Development Opportunities

### Annual Northern Michigan Child Development Conference

Saturday, October 11, 2003

Traverse City West High School

Contact Pam Ward at 231-941-7767 or 800-968-4428

### Annual Southwestern Michigan Early Childhood Conference

Saturday, October 18, 2003

Kalamazoo Valley Community College

Call 800-343-3470 for information.



### Children's Resource Network Learning Festival

Saturday, November 15, 2003

Allegan Area Community Center

Call 866-4CHILD CARE (866-424-4532)

### Community Sharing for Healthy Caring

#### "The Quilting of Literacy"

Saturday, November 15, 2003

Howell High School Campus

Call 517-548-9112 or 517-546-0090 Ext. 111

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